Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I									LL I	ENTITY		OTHER	THAN
500			(Column 1)			(Colu	TYP	TYPE		OR	SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA		RAT		FEE		RATE	FEE
BASIC FEE					3					345.00	OR	1.0	690.00
TOTAL CLAIMS			## minus 20=		. 6		X\$ 9	9=	·	OR	X\$18=	108.40	
INDEPENDENT CLAIMS 3 =					3 =	*	X39	=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT							+130)=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	ΑL		OR	TOTAL	198.a	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMA	OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT A		REM Al	AIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total • Minus)	=	X\$ 9)=		OR	. X\$18=	
AME	Independent FIRST PRESENTATION OF MULTIPLE DEPENDENT					DENT CLAIM]=	X39	=		OR	X78=	
		, , , , , , , , , , , , , , , , , , ,						+130)=		OR	+260=	
			•					TO ADDIT.	TAL		OR	TOTAL ADDIT, FEE	
		umn 1)											
AMENDMENT B	2/20/04	REM A	AIMS IAINING FTER NDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		3]	Minus	**	26	= 5	X\$ 9)=		OR	X\$18=	90
	Independent FIRST PRESE	*	ON OF M	Minus	PENI	<u> </u>	1=3	X39	=		OR	XX8=	258
	FINOI PRESE	INIMI	JN OF MIL	LIIFLE DEI	EIVL	JENT CLAIM		+130)=		OR	+260=	
								TO ADDIT. I	TAL FEE		98)	TOTAL ADDINATE	348
(Column 1) (Column 2) (Column 3)								400					
AMENDMENT C		REM Al	AIMS IAINING FTER NDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	٠	=	X\$ 9	<u> </u>		OR	X\$18=	
	Independent	*		Minus	**1	•	=	X39				X78=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPEND					DENT CLAIM		1	\dashv	<u></u> -	OR		}
	f the enterty of	4 !- !	44 44				hima 2	+130			OR	+260=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Num							found in th	e app	propriate bo	x in col	umn 1.	• .